

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

10221 63-042072
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10221

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If outside, give location) 6949 Princeton	
3. NAME OF DECEASED (Type or print) First Middle Last BRUCE STANDISH STAKE		4. DATE OF DEATH Month Day Year Oct. 13 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/9/1903
9. AGE (last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Ins. Mgr. Michigan Mutual Co.	
11. BIRTHPLACE (City and state or country) Des Moines Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John P. Stake		13b. MOTHER'S MAIDEN NAME Ella Standish	
14. NAME OF HUSBAND OR WIFE Dorothy Stake		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. Yes		17. INFORMANT Dorothy Stake 6949 Princeton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung, right, bronchiogenic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Short-term carcinoma with metastases to brain and bronchopneumonia DUE TO (c) 9 months 3 months 1 week		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic heart disease; coronary artery disease PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 21, 1948 to Oct 13, 1963 and last saw him alive on Oct 13, 1963 Death occurred at Oct 13, 1963 8:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph C. Edwards M.D.		22b. ADDRESS 3720 Washington Bldg. St. Louis Mo.	
22c. DATE SIGNED Oct 14 1963		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 10/15/1963		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23d. LOCATION (City, town, or county) St. Louis County Mo.		24. FUNERAL DIRECTOR Lupton Chapel 7233 Delmar Blvd.	
25. DATE RECD. BY LOCAL REG. OCT 14 1963		26. REGISTRAR'S SIGNATURE Karl Smith M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

240063

3

4

5

6

7

8

9

10

11

12

13

81

Stake

City Vice

Dr. Jos. Edwards Fr. 1-3737

3720 Washington

1-50.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.